

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

1 0

0 1

2 0 0 9

through

1 0

3 1

2 0 0 9

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Gail Clarkson

Signature of Treasurer

Electronically Filed by Ms. Gail Clarkson

Date

1 1

2 0

2 0 0 9

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 93

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	121831.57
(b) Cash on Hand at Beginning of Reporting Period .....	155436.42	
(c) Total Receipts (from Line 19) .....	113329.42	790529.12
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	268765.84	912360.69
7. Total Disbursements (from Line 31) .....	67660.24	711255.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	201105.60	201105.60
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 93

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	89273.28	703756.97
(ii) Unitemized .....	24056.14	76772.15
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	113329.42	780529.12
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	113329.42	790529.12
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	113329.42	790529.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	113329.42	790529.12

## DETAILED SUMMARY PAGE

of Disbursements

4 / 93

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1160.24	12785.09	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1160.24	12785.09	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66500.00	698470.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	67660.24	711255.09	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67660.24	711255.09	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 93

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	113329.42	790529.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	113329.42	790529.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1160.24	12785.09
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1160.24	12785.09

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kathy Abbott

Mailing Address Nexion

695 Harris Road

City

Azle

State

TX

Zip Code

76020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C792104

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Kathy Abbott

Mailing Address Nexion

695 Harris Road

City

Azle

State

TX

Zip Code

76020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792543

Amount of Each Receipt this Period

101.00

**C.**

Full Name (Last, First, Middle Initial)

Steve Ackerson

Mailing Address 6750 Westown Pkwy

Ste 100

City

West Des Moines

State

IA

Zip Code

50266-7716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa Health Care Assn.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791500

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

301.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Hollie Adams

Mailing Address 2759 County Road 1490

City State Zip Code  
 Center TX 75935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Green Acres of Center

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 9

Transaction ID: C791349

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Alcott

Mailing Address 26 Belvidere Road

City State Zip Code  
 Glen Rock NJ 07452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 0 9

Transaction ID: C792435

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Robin I. Allen

Mailing Address Cypress Health Care  
 10550-920 Bay Meadow Road

City State Zip Code  
 Jacksonville FL 32256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cypress Health Care

Occupation  
VP - Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 9

Transaction ID: C792090

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

5200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Scott Allen

Mailing Address 209 W Osborne Ave

City

Tampa

State

FL

Zip Code

33603-2019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palm Garden of Tampa

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792180

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Scott Allen

Mailing Address 209 W Osborne Ave

City

Tampa

State

FL

Zip Code

33603-2019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palm Garden of Tampa

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792553

Amount of Each Receipt this Period

101.00

**C.**

Full Name (Last, First, Middle Initial)

Stacie Aman

Mailing Address 5124 27th Rd N

City

Arlington

State

VA

Zip Code

22207-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Asso-  
ciation

Occupation

PAC Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792216

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

301.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stacie Aman

Mailing Address 5124 27th Rd N

City

Arlington

State

VA

Zip Code

22207-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Asso-  
ciation

Occupation

PAC Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792096

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Stacie Aman

Mailing Address 5124 27th Rd N

City

Arlington

State

VA

Zip Code

22207-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Asso-  
ciation

Occupation

PAC Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792310

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dirk Anjewierden

Mailing Address 2180 So. 1300 E  
Suite 445

City

Salt Lake City

State

UT

Zip Code

84106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Utah Health Care Assn.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: C791194

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Todd Aronson

Mailing Address 644 Goffle Road

City

Hawthorne

State

NJ

Zip Code

07506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Van Dyk Park Place

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792464

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Asztalos

Mailing Address 713 E Park Ave

City

Tallahassee

State

FL

Zip Code

32301-2618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Buigas, Asztalos & Associ-  
ates

Occupation

Lobbyist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: C794414

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Gary Attman

Mailing Address 8028 Ritchie Highway  
Suite 118

City

Pasadena

State

MD

Zip Code

21122-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FutureCare Health & Mgmt.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: C797365

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mary Baker

Mailing Address PO Box 1129

City

Turlock

State

CA

Zip Code

95381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mark One Corp.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: C794011

Amount of Each Receipt this Period

1250.00

**B.**

Full Name (Last, First, Middle Initial)

Terry Bane

Mailing Address 1469 Humboldt Rd  
# 175

City

Chico

State

CA

Zip Code

95928-9116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
President

Occupation

Riverside Health Care Corp.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792263

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

John Barber

Mailing Address PO Box 3347

City

Spartanburg

State

SC

Zip Code

29304-3347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
White Oak Manor

Occupation

Executive VP/CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C787712

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Chance Becnel

Mailing Address 935 Bellevue Pl

City

Jackson

State

MS

Zip Code

39202-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tara Cares

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: C790120

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Chance Becnel

Mailing Address 935 Bellevue Pl

City

Jackson

State

MS

Zip Code

39202-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tara Cares

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792158

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Elton Beebe, Jr.

Mailing Address 1308 Bruton Springs Road

City

Austin

State

TX

Zip Code

78733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Louisiana Extended Care  
Centers

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C790131

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Steve Bellone

Mailing Address 921 East Fort Avenue  
Suite 240

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
White Oak Healthcare, LLC

Occupation  
President/ CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

Transaction ID: C796682

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 1201 L Street NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C790839

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 1201 L Street NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: C796689

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: C801567

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Bidner

Mailing Address 6601 Center Drive West  
Suite 325

City

Los Angeles

State

CA

Zip Code

90045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791514

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Blinn

Mailing Address 200 Brickstone Square

City

Andover

State

MA

Zip Code

01810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis Eldercare

Occupation  
President, New England

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C792114

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Blinn

Mailing Address 200 Brickstone Square

City

Andover

State

MA

Zip Code

01810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis Eldercare

Occupation

President, New England

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792315

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Julie Bowman

Mailing Address Copeland, Cook, Taylor & Bush  
1076 Highland Colony Parkway

City

Ridgeland

State

MS

Zip Code

39157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Copeland, Cook, Taylor &  
Bush

Occupation

Health Care Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792181

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Steve Boymel

Mailing Address 12100 Reed Hartman Highway

City

Cincinnati

State

OH

Zip Code

45241-6036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brookwood Retirement Comm-  
unity

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791347

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kevin Brendlen

Mailing Address 304 S Van Dien Ave  
Van Dyk Health Care

City State Zip Code  
Ridgewood NJ 07450-5200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Van Dyk Health Care

Occupation  
Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792465

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher R. Bryson

Mailing Address 1626 Jeurgens Court

City State Zip Code  
Norcross GA 30096

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UHS-Pruitt Corporation,  
Inc.

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792208

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Virginia Burke

Mailing Address 17 Heritage Road

City State Zip Code  
Barrington RI 02806

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791495

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bonnie Campeau

Mailing Address 203 Ridgecrest Drive

City

Cannon Falls

State

MN

Zip Code

55009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Woodlyn Heights Healthcare  
Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	9

Transaction ID: C790206

Amount of Each Receipt this Period

530.00

**B.**

Full Name (Last, First, Middle Initial)

Bonnie Campeau

Mailing Address 203 Ridgecrest Drive

City

Cannon Falls

State

MN

Zip Code

55009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Woodlyn Heights Healthcare  
Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	0	9

Transaction ID: C792175

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jill Capela

Mailing Address 1101 S. Capital of TX Hwy  
Bldg. G

City

Austin

State

TX

Zip Code

78746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ONR Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	9

Transaction ID: C796680

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional) .....

1880.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Judith G. Caroselli

Mailing Address Westland Convalescent & Rehabilita  
36137 Warren Road

City State Zip Code  
Westland MI 48185-2027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Westland Convalescent &  
Rehabilitation

Occupation  
COO/ Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792226

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Bernardo Carotenuto

Mailing Address 702 S Kings Ave

City State Zip Code  
Brandon FL 33511-5925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Genoa Healthcare Consulti-  
ng, LLC

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791480

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Karen H. Chadderton

Mailing Address 4 Wagon Road

City State Zip Code  
Enfield CT 06082-5639

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Riverside Health Rehabili-  
tation

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792202

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert M. Chur

Mailing Address Elderwood Senior Care  
7 Limestone Drive

City State Zip Code  
 Williamsville NY 14221-7051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Elderwood Affiliates Inc

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 9

Transaction ID: C797402

Amount of Each Receipt this Period

1250.00

**B.**

Full Name (Last, First, Middle Initial)

Tom Coble

Mailing Address 1908 12th Avenue NW  
Suite E

City State Zip Code  
 Ardmore OK 73401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Elmbrook Management Compa-  
ny

Occupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 0 9

Transaction ID: C792446

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Michael D'Arcangelo

Mailing Address 200 Dryden Road  
Suite 2000

City State Zip Code  
 Dresher PA 19025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Complete Healthcare Resou-  
rces

Occupation  
Senior Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 1 / 2 0 0 9

Transaction ID: C790129

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Veronica Damesyn-Sharpe

Mailing Address 102 Oakford Avenue

City

Edgewater

State

MD

Zip Code

21037-4913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DCHCA Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C787716

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Veronica Damesyn-Sharpe

Mailing Address 102 Oakford Avenue

City

Edgewater

State

MD

Zip Code

21037-4913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DCHCA Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792312

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Roy David

Mailing Address Van Dyk Health Care  
304 South Van Dien Avenue

City

Ridgewood

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Van Dyk Health Care

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792463

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph DeMattos

Mailing Address Health Facilities Association of M  
7135 Minstrel Way

City State Zip Code  
Columbia MD 21046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791466

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

John Derr

Mailing Address 2001 Piper Circle

City State Zip Code  
Anacortes WA 98221-3125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JD 7 Associates Enterpris-  
es

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C792146

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

John Derr

Mailing Address 2001 Piper Circle

City State Zip Code  
Anacortes WA 98221-3125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JD 7 Associates Enterpris-  
es

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792203

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Judith Dicker

Mailing Address 18215 Hillside Avenue

City

Jamaica

State

NY

Zip Code

11432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hillside Manor

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: C790122

Amount of Each Receipt this Period

1250.00

**B.**

Full Name (Last, First, Middle Initial)

Stanley Dicker

Mailing Address 18215 Hillside Ave

City

Jamaica

State

NY

Zip Code

11432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hillside Manor Rehab Ctr

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: C790121

Amount of Each Receipt this Period

1250.00

**C.**

Full Name (Last, First, Middle Initial)

William Dunn

Mailing Address 870 Bexley Ave

City

Marion

State

OH

Zip Code

43302-5463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marion Manor Nursing Hm  
Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792505

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

2700.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gregory J. Elliot

Mailing Address AMFM, Inc.

240 Capitol Street

City

Charleston

State

WV

Zip Code

25301-2297

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMFM, Inc.

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: C792087

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Gregory J. Elliot

Mailing Address AMFM, Inc.

240 Capitol Street

City

Charleston

State

WV

Zip Code

25301-2297

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMFM, Inc.

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	9

Transaction ID: C797368

Amount of Each Receipt this Period

72.00

**C.**

Full Name (Last, First, Middle Initial)

Teresa Eytet

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	9

Transaction ID: C790840

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

192.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Teresa Eyt

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation  
Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: C796690

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Teresa Eyt

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation  
Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: C801568

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Susan Feeney

Mailing Address 7005 Metropolitan PI

City

Falls Church

State

VA

Zip Code

22043-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Asso-  
ciation

Occupation  
Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.28

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C790883

Amount of Each Receipt this Period

19.24

**SUBTOTAL** of Receipts This Page (optional) .....

59.24

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Susan Feeney

Mailing Address 7005 Metropolitan PI

City

Falls Church

State

VA

Zip Code

22043-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Asso-  
ciation

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.28

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: C796691

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

Susan Feeney

Mailing Address 7005 Metropolitan PI

City

Falls Church

State

VA

Zip Code

22043-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Asso-  
ciation

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.28

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: C801569

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

Scott Fox

Mailing Address The Orchards at Foxcrest  
144 Fox Lane

City

Chester

State

WV

Zip Code

26034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Orchards at Foxcrest

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792179

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

138.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Scott Fox

Mailing Address The Orchards at Foxcrest  
144 Fox Lane

City State Zip Code  
Chester WV 26034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Orchards at Foxcrest

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792321

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Jim Giardina

Mailing Address 312 Solley Dr  
Rear

City State Zip Code  
Ballwin MO 63021-5248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Care Centers

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792071

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Jim Giardina

Mailing Address 312 Solley Dr  
Rear

City State Zip Code  
Ballwin MO 63021-5248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Care Centers

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792077

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jim Giardina

Mailing Address 312 Solley Dr  
RearCity State Zip Code  
Ballwin MO 63021-5248FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Care CentersOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: C797400

Amount of Each Receipt this Period

4675.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Giorgio

Mailing Address Evergreen Estates  
3410 12th Avenue SWCity State Zip Code  
Cedar Rapids IA 52404-1307FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evergreen EstatesOccupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791516

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Giorgio

Mailing Address Evergreen Estates  
3410 12th Avenue SWCity State Zip Code  
Cedar Rapids IA 52404-1307FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evergreen EstatesOccupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792098

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

5275.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Vicki Groff

Mailing Address 11337 Louisiana Cir

City

Bloomington

State

MN

Zip Code

55438-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C792121

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Vicki Groff

Mailing Address 11337 Louisiana Cir

City

Bloomington

State

MN

Zip Code

55438-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791439

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Vicki Groff

Mailing Address 11337 Louisiana Cir

City

Bloomington

State

MN

Zip Code

55438-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791512

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Hugh J. Hall

Mailing Address 50 Maude St

City

Providence

State

RI

Zip Code

02908-4325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Elmhurst Extended Care

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792324

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Gerald Hamilton

Mailing Address 7612 Rio Penasco Court NW

City

Albuquerque

State

NM

Zip Code

87120-5315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bee Hive Homes of Albuquerque

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791346

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Gerald Hamilton

Mailing Address 7612 Rio Penasco Court NW

City

Albuquerque

State

NM

Zip Code

87120-5315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bee Hive Homes of Albuquerque

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791504

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

E.M. Gil M. Harrington

Mailing Address PO Box 699

City

Eastman

State

GA

Zip Code

31023-0699

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pine Care Services

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C790209

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Bill Hartung

Mailing Address 1210 Massachusetts Avenue, NW  
#407

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Asso-  
ciation

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C791200

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Bill Hartung

Mailing Address 1210 Massachusetts Avenue, NW  
#407

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Asso-  
ciation

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: C796693

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

1020.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bill Hartung

Mailing Address 1210 Massachusetts Avenue, NW  
#407

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Health Care Asso-  
ciation

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: C801573

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City State Zip Code  
Alexandria VA 22308-1049

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AHCA

Occupation  
Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

984.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C791203

Amount of Each Receipt this Period

38.47

**C.**

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City State Zip Code  
Alexandria VA 22308-1049

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AHCA

Occupation  
Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

984.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C792137

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

148.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

984.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: C796695

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

984.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: C801576

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Blaine Hendrickson

Mailing Address PO Box 7

City

Rancho Mirage

State

CA

Zip Code

92270-0007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Legacy Healthcare

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 9

Transaction ID: C790128

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional) .....

2576.94

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Boyd Hendrickson

Mailing Address 27442 Portola Pkwy  
Ste 200

City State Zip Code  
Foothill Ranch CA 92610-2822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Skilled Healthcare

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792547

Amount of Each Receipt this Period

1350.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Herrick

Mailing Address 33 Elk Street  
300

City State Zip Code  
Albany NY 12207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NYS Health Facilities Ass-  
ociation

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C792127

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Herrick

Mailing Address 33 Elk Street  
300

City State Zip Code  
Albany NY 12207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NYS Health Facilities Ass-  
ociation

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792311

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jane Hibbard-Merrill

Mailing Address Gulford St PO Box 159

City

Dover-Foxcroft

State

ME

Zip Code

04426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hibbard Nsg Hm

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792082

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Eric Holland

Mailing Address 1677 Highway 9 North

City

Pontotoc

State

MS

Zip Code

38865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sunshine Health Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792211

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

William D. Jacobson

Mailing Address 6000 Running Brook Drive

City

Joshua

State

TX

Zip Code

76058-5775

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
P&M Healthcare Enterprises

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C787718

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Douglas Johnson

Mailing Address 1501 42nd Street  
Suite 230

City State Zip Code  
West Des Moines IA 50266-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hawkeye Care Centers, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791492

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Bonita Jones

Mailing Address Colorado Health Care Association  
225 East 16th Avenue

City State Zip Code  
Denver CO 80203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791477

Amount of Each Receipt this Period

1350.00

**C.**

Full Name (Last, First, Middle Initial)

Kristin Kemper

Mailing Address 32151 Schwartz Road

City State Zip Code  
Avon OH 44011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792545

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1950.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Terri Kern

Mailing Address PO Box 1140

City

Sandia Park

State

NM

Zip Code

87047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sun Healthcare Group, Inc.

Occupation

SVP Corporate Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	9	

Transaction ID: C792533

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Cheryl Killian

Mailing Address 3801 Woodside Dr

City

Arlington

State

TX

Zip Code

76016-3030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Legacy Care Centers Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	9	

Transaction ID: C797401

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Kirsch

Mailing Address Cypress Health Care  
4716 Cupper Drive

City

Bradenton

State

FL

Zip Code

34208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cypress Health Care

Occupation

Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	9	

Transaction ID: C791350

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

225.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jody Knox

Mailing Address 1905 West Pierce Street

City

Carlsbad

State

NM

Zip Code

88220-4025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lakeview Christian Home  
of the Southwe

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C790836

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jody Knox

Mailing Address 1905 West Pierce Street

City

Carlsbad

State

NM

Zip Code

88220-4025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lakeview Christian Home  
of the Southwe

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792458

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Jo Kurtz

Mailing Address 304 South Van Dien Avenue

City

Ridgewood

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Van Dyk Health Care

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792478

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Director, Assisted Living

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.88

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C791205

Amount of Each Receipt this Period

39.56

**B.**

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Director, Assisted Living

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.88

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: C796701

Amount of Each Receipt this Period

39.56

**C.**

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Director, Assisted Living

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.88

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: C801578

Amount of Each Receipt this Period

39.56

**SUBTOTAL** of Receipts This Page (optional) .....

118.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David LaLumia

Mailing Address 12761 South Wacousta Road

City

Eagle

State

MI

Zip Code

48822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCAM

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792455

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Larry Lane

Mailing Address 101 E State St

City

Kennett Square

State

PA

Zip Code

19348-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis

Occupation  
Sr VP, Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C792122

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Randy Lee

Mailing Address 176 Laurelhurst Ave

City

Columbia

State

SC

Zip Code

29210-3824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Carolina Hlth Care  
Assn

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791475

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Theodore Lee

Mailing Address 700 Hanover St

City

Manchester

State

NH

Zip Code

03104-5309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hanover Hill Health Care

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792074

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Brett Lessley

Mailing Address Claremore Nursing Home  
920 East 16th Street

City

Claremore

State

OK

Zip Code

74017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Claremore Nursing Home

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791474

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Joan Levering

Mailing Address 201 Main Street

City

Mount Vernon

State

OH

Zip Code

43050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Levering Mgm.

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792205

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joan Levering

Mailing Address 201 Main Street

City

Mount Vernon

State

OH

Zip Code

43050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Levering Mgm.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792218

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Joan Levering

Mailing Address 201 Main Street

City

Mount Vernon

State

OH

Zip Code

43050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Levering Mgm.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792518

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Peter J. Licari

Mailing Address 200 Dryden Road  
Suite 2000

City

Dresher

State

PA

Zip Code

19025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Complete Healthcare Resou-  
rces

Occupation

President/ Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792564

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul Liistro

Mailing Address 1 Meadow Brook Court

City

Westport

State

CT

Zip Code

06880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arbors of Hop Brook, LTD

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C787717

Amount of Each Receipt this Period

801.00

**B.**

Full Name (Last, First, Middle Initial)

Kelli Likes

Mailing Address 1221 N Mildred Road

City

Cortez

State

CO

Zip Code

81321-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Valley Inn

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791341

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Kelli Likes

Mailing Address 1221 N Mildred Road

City

Cortez

State

CO

Zip Code

81321-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Valley Inn

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C792129

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1001.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Howard Lipschutz

Mailing Address 1304 Laurel Oak Rd

City

Voorhees

State

NJ

Zip Code

08043-4310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Burnt Tavern Rehabilitation  
HealthCare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: C797366

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Dawna Lucky

Mailing Address 26079 East Phillips Place

City

Aurora

State

CO

Zip Code

80016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C792110

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dawna Lucky

Mailing Address 26079 East Phillips Place

City

Aurora

State

CO

Zip Code

80016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792186

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dawna Lucky

Mailing Address 26079 East Phillips Place

City State Zip Code  
Aurora CO 80016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792542

Amount of Each Receipt this Period

101.00

**B.**

Full Name (Last, First, Middle Initial)

Cindy Luxem

Mailing Address 117 SW 6th Street  
Suite 200

City State Zip Code  
Topeka KS 66606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kansas Health Care Associ-  
ation

Occupation  
State Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791476

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Terry Mace

Mailing Address 609 Highline Drive

City State Zip Code  
East Wenatchee WA 98802-5603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Triple C Healthcare Servi-  
ces

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C790833

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1101.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

R. Peter Madel, Jr.

Mailing Address 108 8th St NW

City

Waseca

State

MN

Zip Code

56093-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Shore Inn Nursing Ho-  
me

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C792364

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Matthews

Mailing Address 24/7 Long Term Care, Inc.  
450 South 400 East

City

Bountiful

State

UT

Zip Code

84010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
24/7 Long Term Care, Inc.

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: C791198

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Jami May

Mailing Address 409 Quail Hollow

City

Mesquite

State

TX

Zip Code

75150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Daybreak

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C790460

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jami May

Mailing Address 409 Quail Hollow

City

Mesquite

State

TX

Zip Code

75150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Daybreak

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792217

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Debbie McLarty

Mailing Address Sun Health Care Group, Inc  
101 Sun Avenue NE

City

Albuquerque

State

NM

Zip Code

87109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sun Health Care Group, Inc

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792461

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Meillier

Mailing Address 27 Brand Ave

City

Faribault

State

MN

Zip Code

55021-6411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pleasant Manor Inc

Occupation

Social Services Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C790182

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Cecile Menard

Mailing Address 22 Hunt St

City

Nashua

State

NH

Zip Code

03060-4426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Courville at Nashua

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791524

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Arlene Miles

Mailing Address 6061 South Brook Valley

City

Centennial

State

CO

Zip Code

80121-3103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Colorado Health Care Asso-  
ciation

Occupation

State Exeutive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792183

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Arlene Miles

Mailing Address 6061 South Brook Valley

City

Centennial

State

CO

Zip Code

80121-3103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Colorado Health Care Asso-  
ciation

Occupation

State Exeutive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792080

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gregory Miller

Mailing Address 9441 Bainwoods Dr

City

Cincinnati

State

OH

Zip Code

45249-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCMG

Occupation  
NHA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791351

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Gregory Miller

Mailing Address 9441 Bainwoods Dr

City

Cincinnati

State

OH

Zip Code

45249-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCMG

Occupation  
NHA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791505

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Michaela Miller

Mailing Address 20023 SW Corrine Street

City

Beaverton

State

OR

Zip Code

97007-8637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avamere Health Services

Occupation  
Shareholder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792178

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas Moore

Mailing Address 121 East Wilson Street  
Suite L200

City State Zip Code  
Madison WI 53703-3586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wisconsin Health Care Ass-  
oc

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792442

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City State Zip Code  
Bethesda MD 20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Asso-  
ciation

Occupation  
Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.55

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C791206

Amount of Each Receipt this Period

90.63

**C.**

Full Name (Last, First, Middle Initial)

Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City State Zip Code  
Bethesda MD 20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Asso-  
ciation

Occupation  
Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.55

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792095

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

440.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Asso-  
ciation

Occupation

Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.55

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: C796702

Amount of Each Receipt this Period

90.63

**B.**

Full Name (Last, First, Middle Initial)

Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Asso-  
ciation

Occupation

Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.55

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: C801579

Amount of Each Receipt this Period

90.63

**C.**

Full Name (Last, First, Middle Initial)

Michael Morton

Mailing Address 415 Rogers Avenue

City

Fort Smith

State

AR

Zip Code

72901-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Arkansas Nursing  
Centers

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: C790218

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1431.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeff Mukamal

Mailing Address Brookshire Provinet Solutions  
1096 N Lakeside Drive

City State Zip Code  
Smithfield NC 27577

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Brookshire Provinet Solut-  
ions

Occupation  
Treasurer & VP of Healthcare Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791462

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Steve Mulder

Mailing Address 7300 Del Pardo Street

City State Zip Code  
Boca Raton FL 33433

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Whitehall Boca

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: C792151

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dennis Murray

Mailing Address 232 W Rockwell Ave

City State Zip Code  
Soldotna AK 99669-7411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Heritage Place

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791348

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dennis Murray

Mailing Address 232 W Rockwell Ave

City

Soldotna

State

AK

Zip Code

99669-7411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heritage Place

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791472

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Michael A Newton

Mailing Address 1430 Progress Way  
Ste 108

City

Eldersburg

State

MD

Zip Code

21784-6484

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nexion Health

Occupation

Director of Human Resources

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C792139

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Michael A Newton

Mailing Address 1430 Progress Way  
Ste 108

City

Eldersburg

State

MD

Zip Code

21784-6484

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nexion Health

Occupation

Director of Human Resources

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792196

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City

Arlington

State

VA

Zip Code

22207-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sr. Director of Congressi-  
onal Affairs

Occupation

American Health Care Association

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	9

Transaction ID: C791207

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City

Arlington

State

VA

Zip Code

22207-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sr. Director of Congressi-  
onal Affairs

Occupation

American Health Care Association

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	0	9

Transaction ID: C792117

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City

Arlington

State

VA

Zip Code

22207-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sr. Director of Congressi-  
onal Affairs

Occupation

American Health Care Association

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	0	9

Transaction ID: C796705

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

140.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City

Arlington

State

VA

Zip Code

22207-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sr. Director of Congressi-  
onal Affairs

Occupation

American Health Care Association

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: C801581

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Ousley

Mailing Address 101 Bittersweet Drive

City

Richmond

State

KY

Zip Code

40475-8639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792081

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Ousley

Mailing Address 101 Bittersweet Drive

City

Richmond

State

KY

Zip Code

40475-8639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792309

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Julie Painter

Mailing Address 3614 Connecticut Ave NW  
Apt 22

City State Zip Code  
Washington DC 20008-2436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation  
Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C791208

Amount of Each Receipt this Period

11.54

**B.**

Full Name (Last, First, Middle Initial)

Julie Painter

Mailing Address 3614 Connecticut Ave NW  
Apt 22

City State Zip Code  
Washington DC 20008-2436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation  
Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: C796708

Amount of Each Receipt this Period

11.54

**C.**

Full Name (Last, First, Middle Initial)

Julie Painter

Mailing Address 3614 Connecticut Ave NW  
Apt 22

City State Zip Code  
Washington DC 20008-2436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation  
Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: C801582

Amount of Each Receipt this Period

11.54

**SUBTOTAL** of Receipts This Page (optional) .....

34.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Parrish

Mailing Address 11156 Sardis-Scotts Hill Road

City

Scotts Hill

State

TN

Zip Code

38374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tennessee Health Managem-  
ent

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C792360

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

William J. Pascocello

Mailing Address 822 Cedar Avenue

City

Niagara Falls

State

NY

Zip Code

14301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Niagara Nursing and Rehab-  
ilitation

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C792130

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

William J. Pascocello

Mailing Address 822 Cedar Avenue

City

Niagara Falls

State

NY

Zip Code

14301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Niagara Nursing and Rehab-  
ilitation

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791471

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1225.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Rich Pell

Mailing Address 21 Greystone Drive

City

Shepherdstown

State

WV

Zip Code

25443-4075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis

Occupation  
SR VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C792111

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Rich Pell

Mailing Address 21 Greystone Drive

City

Shepherdstown

State

WV

Zip Code

25443-4075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis

Occupation  
SR VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792224

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Wade Peterson

Mailing Address MedCenter One Care Center  
201 14th Street NW

City

Mandan

State

ND

Zip Code

58554-2063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MedCenter One Care Center

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792305

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Debra Pizzulo

Mailing Address 10281 NW 54 PL

City

Coral Springs

State

FL

Zip Code

33076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cypress Health Care Manag-  
ement

Occupation

VP of Accts. Receivable

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	0	9

Transaction ID: C791509

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

John Poirier

Mailing Address 21 Rasanen Drive

City

Chichester

State

NH

Zip Code

03258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Hampshire Health Care  
Association

Occupation

Exec Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	0	9

Transaction ID: C791496

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

John Poirier

Mailing Address 21 Rasanen Drive

City

Chichester

State

NH

Zip Code

03258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Hampshire Health Care  
Association

Occupation

Exec Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

Transaction ID: C792443

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional) .....

325.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel Rader

Mailing Address 1503 South Main Street

City

Phillipsburg

State

NJ

Zip Code

08865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Care Perspectives, Inc.

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792165

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel Rader

Mailing Address 1503 South Main Street

City

Phillipsburg

State

NJ

Zip Code

08865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Care Perspectives, Inc.

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792326

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Roland Rapp

Mailing Address 3308 Ocean Boulevard

City

Corona Del Mar

State

CA

Zip Code

92625-3256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Skilled Healthcare Group

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792303

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sally Rapp

Mailing Address 3308 Ocean Blvd  
Suite 280

City State Zip Code  
Corona Del Mar CA 92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SR Management Svcs. Inc.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792355

Amount of Each Receipt this Period

1250.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Rau

Mailing Address 3939 S 92nd Street

City State Zip Code  
Greenfield WI 53228-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clement Manor Inc.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: C790119

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas G. Rau

Mailing Address Nexcare Health Systems, Inc.  
PO Box 2215

City State Zip Code  
Brighton MI 48116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nexcare Health Systems,  
Inc.

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: C797399

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jon Reardon

Mailing Address Hoyt Nursing & Rehab Centre  
1202 Weiss Street

City State Zip Code  
Saginaw MI 48602-5471

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hoyt Nursing & Rehab Cent-  
re

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792221

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Jon Reardon

Mailing Address Hoyt Nursing & Rehab Centre  
1202 Weiss Street

City State Zip Code  
Saginaw MI 48602-5471

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hoyt Nursing & Rehab Cent-  
re

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: C797369

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Emmett Reed

Mailing Address Florida Health Care Association  
PO Box 1459

City State Zip Code  
Tallahassee FL 32301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Florida Health Care Assoc-  
iation

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791485

Amount of Each Receipt this Period

333.00

**SUBTOTAL** of Receipts This Page (optional) .....

933.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Emmett Reed

Mailing Address Florida Health Care Association  
PO Box 1459

City State Zip Code  
Tallahassee FL 32301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Florida Health Care Assoc-  
iation

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792086

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen Reissman

Mailing Address 5120 W Goldleaf Circle  
Suite 400

City State Zip Code  
Los Angeles CA 90056-1297

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Country Villa Health Serv-  
ices

Occupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: C800764

Amount of Each Receipt this Period

3750.00

**C.**

Full Name (Last, First, Middle Initial)

Jacque Roberts

Mailing Address Tara Cares  
2372 Talking Rocks Road

City State Zip Code  
Branson West MO 65737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791339

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

4150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Rotolo

Mailing Address 529 Pear Orchard  
Suite C

City State Zip Code  
Ridgeland MS 39157

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Harahan Guest House

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792223

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Shelley Sabo

Mailing Address 6360 Tisbury Dr  
PAYROLL DEDUCTION

City State Zip Code  
Burke VA 22015-4061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NCAL

Occupation  
Director Assisted Living

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C791210

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Shelley Sabo

Mailing Address 6360 Tisbury Dr  
PAYROLL DEDUCTION

City State Zip Code  
Burke VA 22015-4061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NCAL

Occupation  
Director Assisted Living

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: C796710

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Shelley Sabo

Mailing Address 6360 Tisbury Dr  
PAYROLL DEDUCTION

City State Zip Code  
Burke VA 22015-4061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NCAL

Occupation  
Director Assisted Living

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: C801584

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Jesse Samples

Mailing Address 110 Association Dr

City State Zip Code  
Charleston WV 25311-1217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
West Virginia Health Care  
Association

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791494

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Maryanne Sapio

Mailing Address 1324 South Kenmore Circle

City State Zip Code  
Arlington VA 22204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AHCA

Occupation  
Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.38

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C791211

Amount of Each Receipt this Period

11.54

**SUBTOTAL** of Receipts This Page (optional) .....

121.54

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Maryanne Sapio

Mailing Address 1324 South Kenmore Circle

City

Arlington

State

VA

Zip Code

22204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792308

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Maryanne Sapio

Mailing Address 1324 South Kenmore Circle

City

Arlington

State

VA

Zip Code

22204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: C796711

Amount of Each Receipt this Period

11.54

**C.**

Full Name (Last, First, Middle Initial)

Maryanne Sapio

Mailing Address 1324 South Kenmore Circle

City

Arlington

State

VA

Zip Code

22204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: C801585

Amount of Each Receipt this Period

11.54

**SUBTOTAL** of Receipts This Page (optional) .....

123.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Philip Scalò

Mailing Address 979 Lily Pond Lane

City

Franklin Lakes

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bartley Healthcare

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792560

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Scharfenberger

Mailing Address 7265 Kenwood Road  
Suite 300

City

Cincinnati

State

OH

Zip Code

45236-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nursing Care Management

Occupation

Exec Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792563

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Dan Scheeler

Mailing Address 4500 Squiredale Sq

City

Alexandria

State

VA

Zip Code

22309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Director, Information Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792306

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dan Scheeler

Mailing Address 4500 Squiredale Sq

City

Alexandria

State

VA

Zip Code

22309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Director, Information Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

Transaction ID: C792554

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

Floyd Schlossberg

Mailing Address 4200 W Peterson Ave  
Ste 140

City

Chicago

State

IL

Zip Code

60646-6819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alden Management Inc

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	9

Transaction ID: C790211

Amount of Each Receipt this Period

1250.00

**C.**

Full Name (Last, First, Middle Initial)

Ina Schlossberg

Mailing Address 4200 W Peterson Ave  
Ste 140

City

Chicago

State

IL

Zip Code

60646-6819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alden Enterprises

Occupation

Special Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	9

Transaction ID: C790213

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional) .....

2580.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Russell Schwartz

Mailing Address 8 Inwood Lane

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avon Health Center

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792436

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Linda Sechovec

Mailing Address New Mexico Health Care Association  
2329 Wisconsin Street NE

City

Albuquerque

State

NM

Zip Code

87110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Mexico Health Care As-  
sociation

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C792103

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Linda Sechovec

Mailing Address New Mexico Health Care Association  
2329 Wisconsin Street NE

City

Albuquerque

State

NM

Zip Code

87110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Mexico Health Care As-  
sociation

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792456

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Cathy Sena

Mailing Address Mandarin Health Group, LLC  
199 NE 89th Street

City State Zip Code  
 El Portal FL 33138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mandarin Health Group, LLC

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 9

Transaction ID: C791499

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Louis Serra

Mailing Address 2525 Pennsylvania Ave

City State Zip Code  
 Weirton WV 26062-3634

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Weirton Geriatric Center

Occupation  
Owner/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 1 / 2 0 0 9

Transaction ID: C790130

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara Shepard

Mailing Address 210 Jolie Way

City State Zip Code  
 Mena AR 71953

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 9

Transaction ID: C792118

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Barbara Shepard

Mailing Address 210 Jolie Way

City

Mena

State

AR

Zip Code

71953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792460

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Shepard

Mailing Address 210 Jolie Way

City

Mena

State

AR

Zip Code

71953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792509

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Shepard

Mailing Address PO Box 125

City

Mena

State

AR

Zip Code

71953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shepard Group

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792447

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gail Sheridan

Mailing Address 9031 Penn Ave S

City

Bloomington

State

MN

Zip Code

55431-2225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tealwood Care Centers

Occupation

Healthcare Mangement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791491

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Gail Sheridan

Mailing Address 9031 Penn Ave S

City

Bloomington

State

MN

Zip Code

55431-2225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tealwood Care Centers

Occupation

Healthcare Mangement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792031

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

John Sheridan

Mailing Address EHDS  
2634 Dartmoor

City

Cleveland

State

OH

Zip Code

44118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791463

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code  
 Fairfax VA 22031-4720

FEC ID number of contributing federal political committee.

C

Name of Employer  
AHCAOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.38

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 2 / 2 0 0 9

Transaction ID: C791212

Amount of Each Receipt this Period

11.54

B.

Full Name (Last, First, Middle Initial)

Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code  
 Fairfax VA 22031-4720

FEC ID number of contributing federal political committee.

C

Name of Employer  
AHCAOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.38

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 9

Transaction ID: C796712

Amount of Each Receipt this Period

11.54

C.

Full Name (Last, First, Middle Initial)

Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code  
 Fairfax VA 22031-4720

FEC ID number of contributing federal political committee.

C

Name of Employer  
AHCAOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.38

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 9 / 2 0 0 9

Transaction ID: C801587

Amount of Each Receipt this Period

11.54

SUBTOTAL of Receipts This Page (optional) ▶

34.62

TOTAL This Period (last page this line number only) ▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Chuck Sinclair

Mailing Address 475 Fox Bay Drive

City

Brandon

State

MS

Zip Code

39047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792530

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Carole Smith

Mailing Address 6487 Amarillo Lane

City

Boca Raton

State

FL

Zip Code

33433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792070

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Carole Smith

Mailing Address 6487 Amarillo Lane

City

Boca Raton

State

FL

Zip Code

33433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792548

Amount of Each Receipt this Period

101.00

**SUBTOTAL** of Receipts This Page (optional) .....

501.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Asso-  
ciation

Occupation

Director of Grassroots

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.51

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C791213

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Asso-  
ciation

Occupation

Director of Grassroots

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.51

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792550

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Asso-  
ciation

Occupation

Director of Grassroots

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.51

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: C796713

Amount of Each Receipt this Period

19.24

**SUBTOTAL** of Receipts This Page (optional) .....

138.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Asso-  
ciation

Occupation

Director of Grassroots

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.51

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: C801588

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

Janet Snipes

Mailing Address 6000 E Iliff Avenue

City

Denver

State

CO

Zip Code

80222-5721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holly Heights Nursing Cen-  
ter

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C787713

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Andrea Solazzo

Mailing Address 42 North Mountain Avenue

City

Montclair

State

NJ

Zip Code

07042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Van Dyk Healthcare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792468

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

419.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dean Solden

Mailing Address 12005 Scio Church Road

City

Chelsea

State

MI

Zip Code

48118-9612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Solden Development Company  
LLC

Occupation

President & Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791440

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dean Solden

Mailing Address 12005 Scio Church Road

City

Chelsea

State

MI

Zip Code

48118-9612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Solden Development Company  
LLC

Occupation

President & Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792097

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Nancy Soto

Mailing Address 644 Goffle Road

City

Hawthorne

State

NJ

Zip Code

07506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792479

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jennie Soukop

Mailing Address Pleasant Valley Healthcare & Rehab  
1525 Pleasant Valley Rd

City State Zip Code  
Garland TX 75040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pleasant Valley Healthcare  
& Rehabilit

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: C790835

Amount of Each Receipt this Period

413.00

**B.**

Full Name (Last, First, Middle Initial)

Jennie Soukop

Mailing Address Pleasant Valley Healthcare & Rehab  
1525 Pleasant Valley Rd

City State Zip Code  
Garland TX 75040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pleasant Valley Healthcare  
& Rehabilit

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C792109

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

J. Craig Souza

Mailing Address 5109 Bur Oak Cir

City State Zip Code  
Raleigh NC 27612-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Carolina Health Care  
Facilities

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792441

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1513.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dick Stebbins

Mailing Address 600 E Whaley St

City

Longview

State

TX

Zip Code

75601-6525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stebbins Five Companies

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

Transaction ID: C792444

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Jan Thayer

Mailing Address 404 Woodland Drive

City

Grand Island

State

NE

Zip Code

68801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Excel Development Group

Occupation

Chair/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	9

Transaction ID: C797496

Amount of Each Receipt this Period

1250.00

**C.**

Full Name (Last, First, Middle Initial)

Raymond Thivierge

Mailing Address 11 Greenway Road

City

Windham

State

NH

Zip Code

03087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SunBridge Healthcare

Occupation

SVPO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	9

Transaction ID: C787714

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

6500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Raymond Thivierge

Mailing Address 11 Greenway Road

City

Windham

State

NH

Zip Code

03087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SunBridge Healthcare

Occupation  
SVPO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792490

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Pamela Tokarczv

Mailing Address 197 Cahill Cross Road

City

West Milford

State

NJ

Zip Code

07480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Van Dyk Health Care

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792462

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Travis Tomlinson

Mailing Address 513 East Whitaker Mill Road

City

Raleigh

State

NC

Zip Code

27608-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayview Conv Home Inc

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792168

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jack Vetter

Mailing Address 5020 South 118th Street

City

Omaha

State

NE

Zip Code

68137-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vetter Health Services

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 9

Transaction ID: C791215

Amount of Each Receipt this Period

1250.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew S Weisman

Mailing Address 5310 NW 33rd Ave  
Ste 211

City

Fort Lauderdale

State

FL

Zip Code

33309-6319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NuVision Management

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: C797367

Amount of Each Receipt this Period

1250.00

**C.**

Full Name (Last, First, Middle Initial)

Greg Wells

Mailing Address Wells Health Systems, Inc.  
725 Harvard Drive

City

Owensboro

State

KY

Zip Code

42301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wells Health Systems, Inc.

Occupation  
Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791501

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

2600.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kristin West

Mailing Address 10890 Prospect Road

City

Strongsville

State

OH

Zip Code

44149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kemper Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792075

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Paxton Wiffler

Mailing Address Golden Living  
9855 W 78th Street

City

Eden Prairie

State

MN

Zip Code

55344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Golden Living

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792210

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Chris Wright

Mailing Address iCare Management  
341 Bidwell Street

City

Manchester

State

CT

Zip Code

06040-6470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
iCare Management, LLC

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792304

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joe Wronski

Mailing Address JW Design

412 South Washington Street

City

State

Zip Code

Bloomfield Hills

MI

48304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792325

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Alan Zuccari

Mailing Address 7712 Carlton Place

City

State

Zip Code

McLean

VA

22102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hamilton Insurance Agency

Occupation

Insurance Representative

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: C791196

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

89273.28

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 93

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

BB & T CREDIT CARD

Mailing Address 2200 Wilson Blvd  
Ste 200

City Arlington State VA Zip Code 22201-3324

Purpose of Disbursement  
CC Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D90031

Date of Disbursement

10 / 31 / 2009

Amount of Each Disbursement this Period

920.14

**B.**

Full Name (Last, First, Middle Initial)

BB & T

Mailing Address PO Box 819  
Operations Center

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D90027

Date of Disbursement

10 / 31 / 2009

Amount of Each Disbursement this Period

240.10

**SUBTOTAL** of Disbursements This Page (optional) .....

1160.24

**TOTAL** This Period (last page this line number only) .....

1160.24

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 84 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

AMERIPAC: THE FUND FOR A GREATER AMERICA

Mailing Address 499 S. CAPITOL ST. S.W. #414

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contributions to Federal PACs/ Committees

Candidate Name  
AMERIPAC: THE FUND FOR A GREATER AMERICA

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D89323

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

CONWAY FOR SENATE

Mailing Address PO Box 6168

City  
Louisville

State  
KY

Zip Code  
40206-0168

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
CONWAY FOR SENATE

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D89325

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Gardner for Congress

Mailing Address PO BOX 2408

City  
Loveland

State  
CO

Zip Code  
80539

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Gardner for Congress

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D89649

Date of Disbursement

10 / 29 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Future Leaders PAC

Mailing Address 1155 21st St NW  
Ste 300

City Washington State DC Zip Code 20036-3312

Purpose of Disbursement  
Contributions to Federal PACs/ Committees

Candidate Name  
Future Leaders PAC

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D89329

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

HAWKEYE PAC, THE

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
Contributions to Federal PACs/ Committees

Candidate Name  
HAWKEYE PAC, THE

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D89330

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

4000.00

**C.**

Full Name (Last, First, Middle Initial)

The Martha Coakley for Senate Committee

Mailing Address 529 Main Street

City Charlestown State MA Zip Code 02129

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
The Martha Coakley for Senate Committee

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D89332

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

14000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 86 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

New Democrat Coalition

Mailing Address 607 14th St NW  
Ste 800

City Washington State DC Zip Code 20005-2005

Purpose of Disbursement  
Contributions to Federal PACs/ Committees

Candidate Name  
New Democrat Coalition

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D89639

Date of Disbursement

10 / 29 / 2009

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 45706

City Philadelphia State PA Zip Code 19149

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Allyson Y. Schwartz

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: D89646

Date of Disbursement

10 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

BRAD MILLER FOR UNITED STATES CONGRESS

Mailing Address PO Box 10322

City Raleigh State NC Zip Code 27605

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Brad Miller

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 13

Transaction ID: D89647

Date of Disbursement

10 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 87 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
CATHY MCMORRIS FOR CONGRESS

Mailing Address 301 W Main Ave

City Spokane State WA Zip Code 99201-0207

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Cathy McMorris Rodgers

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 05

Transaction ID: D89483

Date of Disbursement

10 / 22 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
CHARLES BOUSTANY JR MD FOR CONGRESS INC

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Charles W. Boustany, Jr.

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: D89642

Date of Disbursement

10 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
LOT OF PEOPLE FOR DAVE OBEY

Mailing Address 932 Ross Ave

City WAUSAU State WI Zip Code 54403-6721

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. David R. Obey

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 07

Transaction ID: D89167

Date of Disbursement

10 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 88 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
EARL POMEROY FOR CONGRESS

Mailing Address P.O. Box 9336

City Fargo State ND Zip Code 58106

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Earl Pomeroy

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ND District: 00

Transaction ID: D89644

Date of Disbursement

10 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Frank Pallone, Jr.

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: D89331

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
WALDEN FOR CONGRESS INC.

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Greg Walden

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 02

Transaction ID: D89641

Date of Disbursement

10 / 29 / 2009

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 89 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

## **A.** Full Name (Last, First, Middle Initial) **HEATH SHULER FOR CONGRESS**

Mailing Address PO Box 97

City Hazelwood State NC Zip Code 28738

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Heath Shuler

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 11

**Transaction ID:** D89648

Date of Disbursement

/   /

Amount of Each Disbursement this Period

## **B.** Full Name (Last, First, Middle Initial) **KURT SCHRADER FOR CONGRESS**

Mailing Address 205 N Main St.

City Oregon City State OR Zip Code 97045

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Kurt Schrader

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 05

**Transaction ID:** D89481

Date of Disbursement

/   /

Amount of Each Disbursement this Period

## **C.** Full Name (Last, First, Middle Initial) **CAPUANO FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 440305

City SOMERVILLE State MA Zip Code 02144

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Michael E. Capuano

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 08

**Transaction ID:** D89326

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**7000.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

CAPUANO FOR CONGRESS COMMITTEE

Mailing Address PO BOX 440305

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
Contributions to Federal CandidatesCandidate Name  
Rep. Michael E. CapuanoCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 08

Transaction ID: D89327

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

**B.**

Full Name (Last, First, Middle Initial)

NORM DICKS FOR CONGRESS

Mailing Address PO Box 1663

City  
TacomaState  
WAZip Code  
98401Purpose of Disbursement  
Contributions to Federal CandidatesCandidate Name  
Rep. Norman D. DicksCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 06

Transaction ID: D89482

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

**C.**

Full Name (Last, First, Middle Initial)

HOOSIERS SUPPORTING BUYER FOR CONGRESS

Mailing Address 200 North Main St. P.O. Box 712

City  
MonticelloState  
INZip Code  
47960Purpose of Disbursement  
Contributions to Federal CandidatesCandidate Name  
Rep. Steve BuyerCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 04

Transaction ID: D89638

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 91 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TIM WALZ FOR US CONGRESS

Mailing Address PO BOX 938

City  
MANKATO

State  
MN

Zip Code  
56002

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Tim Walz

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 01

Transaction ID: D89645

Date of Disbursement

10 / 29 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

CHILDERS FOR CONGRESS

Mailing Address PO BOX 177

City  
BOONEVILLE

State  
MS

Zip Code  
38829

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Travis W Childers

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS District: 01

Transaction ID: D89643

Date of Disbursement

10 / 29 / 2009

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

SAC PAC

Mailing Address 729 15th St NW  
 FI 3

City  
Washington

State  
DC

Zip Code  
20005-2105

Purpose of Disbursement  
Contributions to Federal PACs/ Committees

Candidate Name  
SAC PAC

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D89640

Date of Disbursement

10 / 29 / 2009

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 92 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF CHRIS DODD</b> Mailing Address <b>PO BOX 270701</b>	<b>Transaction ID:</b> D89478 <b>Date of Disbursement</b> <div> <div>10</div> <div>22</div> <div>2009</div> </div>
City <b>WEST HARTFORD</b> State <b>CT</b> Zip Code <b>06127</b> Purpose of Disbursement Contributions to Federal Candidates Candidate Name <b>Sen. Christopher J. Dodd</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>CT</b> District: <b>00</b>	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF CHRIS DODD</b> Mailing Address <b>PO BOX 270701</b> City <b>WEST HARTFORD</b> State <b>CT</b> Zip Code <b>06127</b> Purpose of Disbursement Contributions to Federal Candidates Candidate Name <b>Sen. Christopher J. Dodd</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>CT</b> District: <b>00</b>	<b>Transaction ID:</b> D89479 <b>Date of Disbursement</b> <div> <div>10</div> <div>22</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>4000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>EVAN BAYH COMMITTEE</b> Mailing Address <b>850 FORT WAYNE AVENUE</b> City <b>INDIANAPOLIS</b> State <b>IN</b> Zip Code <b>46204</b> Purpose of Disbursement Contributions to Federal Candidates Candidate Name <b>Sen. Evan Bayh</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>IN</b> District: <b>00</b>	<b>Transaction ID:</b> D89480 <b>Date of Disbursement</b> <div> <div>10</div> <div>22</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2500.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**7500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

GEORGIANS FOR ISAKSON

Mailing Address POST OFFICE BOX 250116

City  
ATLANTA

State  
GA

Zip Code  
30325

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Sen. Johnny Isakson

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 00

Transaction ID: D89328

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

66500.00